

U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT			
E CINS DEST				
1 File Number U 25770	2 Fiscal Year Covered From			
	01/01/2005 Through 12/31/2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name BRIAN D AUSTW	Name UNITED TRANSPORTATION UNION			
	Labor Organization File Number 000-314			
PO Box Bldg Room No if any	PO Box Building and Room Number If any 14600 Detroit Ave			
Street 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Street			
City 1 + -1 ,	- City " Cleve land			
State ZIP Code + 4	State			
5 Position in labor organization TREASURER LOCAL 1383				
(except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
Trade Name if any				
P O Box Bldg Room No if any				
PO Box Bldg Room No if any	7 b Amount			
-				
PO Box Bldg Room No if any				
P O Box Bldg Room No if any				
P O Box Bldg Room No if any Street City ZIP Code + 4				
P O Box Bldg Room No if any Street City State ZIP Code + 4 Signature and verification The undersigned declares under penalty of	7 b Amount 7 b Amount Perjury and other applicable penalties of the law that all of the information ving documents) has been examined by the signatory and is to the best of the			
Street City State ZIP Code + 4 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany)	7 b Amount 7 b Amount Perjury and other applicable penalties of the law that all of the information ying documents) has been examined by the signatory and is to the best of the action on penalties in the instructions)			
Street City State ZIP Code + 4 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany)	7 b Amount 7 b Amount Perjury and other applicable penalties of the law that all of the information ving documents) has been examined by the signatory and is to the best of the			



Name of Person Filing BRIAN D AUSTW		File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	tion			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing				
Trade Name if any PO Box Bldg Room No if any Street ZIP Code + 4	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received				
	12 b Amount				
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name TAKRINGTO Trade Name if any PO Box Bldg Room No if any Street 180 North WACKER DLIVE City CHICAGO State TL ZIP Code + 4 (6060 6	or other thing of value 14 a Nature of payment. 219 - M	eals			
13 b Is the Business an Employer or Consultant ?	14 0 Amount of payment		\$ 319.00		

Form LM-30 (2003)